



# Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

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Internet: [www.ptbc.ca.gov](http://www.ptbc.ca.gov)



## Continuing Competency Exemption Application

If you are requesting a Continuing Competency Exemption fill out the following information and mail your request to the Physical Therapy Board of California.

Licensee's Name: \_\_\_\_\_  
First Middle Last

License Number

License Expiration Date

Telephone Number

**REASON FOR EXEMPTION:** (Check all that apply) Exemptions are granted for a 2-year period ONLY. Any licensee granted a temporary exemption may not be granted another temporary exemption at the next license renewal. In the event a licensee cannot complete continuing competency requirements following an exemption, the licensee may only renew the license in an inactive status.

☐ Residing in another Country

Provide evidence that during the renewal period prior to the expiration of the license, the licensee was residing in another country for one year or longer, reasonably preventing completion of the continuing competency requirements. (i.e., foreign driver's license or ID, utility bill)

☐ Military Service

Provide evidence that the licensee was absent from California because of military service for a period of one year or longer during the renewal period, preventing completion of the continuing competency requirements.

☐ Other

1. Health Reason If you are requesting an exemption for a health reason, have the licensed physician or surgeon or licensed clinical psychologist fill out the information on the box below. Reasons of health include but are not limited to:
  - Total physical and/or mental disability for one (1) year or more during the renewal period and the inability to work during this period has been verified by a licensed physician or surgeon or licensed clinical psychologist; or
  - Total physical and/or mental disability for one (1) year or longer of an immediate family member for whom the licensee had total responsibility, as verified by a licensed physician or surgeon or licensed clinical psychologist.
2. If you are requesting an exemption due to another good cause provide evidence to support your request.

The above mentioned licensee has/had a health related condition preventing completion of the continuing competency requirements and/or has/had a total physical and/or mental disability for one (1) year or more during the renewal period (or if immediate family member for whom the licensee had total responsibility has/had disability, write his/her relationship to the licensee: \_\_\_\_\_)

Name of licensed physician, surgeon or clinical psychologist

License Number

Telephone Number

Address:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA  
THAT THE FOREGOING IS TRUE AND CORRECT.**

Signature \_\_\_\_\_  
Signature of licensee requesting the exemption

Date: \_\_\_\_\_